

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**107588586**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
6						
7						
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9						
10						
11						
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27				/		
28				/		
29				/		
30				/		
31				/		
32				/		
33				/		
34				/		
35				/		
36				/		
37				/		
38				/		
39				/		
40				/		
41				/		
42				/		
43			/			
44				/		
45			/			
46				/		
47				/		
48			/			
49				/		
50				/		
TOTAL IND.		↓	4	↓		↓
TOTAL DEP.		←	21	←		←
TOTAL CLAIMS			25			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52				2		
53				2		
54						
55						
56						
57						
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94						
95						
96						
97						
98						
99						
100						
TOTAL IND.		↓	0	↓		↓
TOTAL DEP.		←	4	←		←
TOTAL CLAIMS			4			